ARIZONA	CTATE	ROARD	AO.	HEATTH
AKUADINA	DIALD	DUMND	OT.	

State File No. 38

0

BUREAU OF VIT	FIGATE OF BIRTH  Registered No.				
1. PLACE OF BIRTH STANDARD CERTI	PIONIE OF DIKI-				
County Gila	State augona				
·					
District or Township	or Village				
City. Miani No. 87 W (If birth occu	ered in a hospited or institution, give its NAME instead of street and number)				
	(If child is not yet named, make				
2. Full name of child Paula Longales	(If child is not yet named, make supplemental report, as directed.				
3. Sex of Child   To be answered ONLY   4. Twin, triplet or other	16 Legitimate? 1				
and the same	of black RUNCE 10 1 C/ 85				
female in event of plural births. 5. No., in order of birth.	! :455				
8. FATHER	14. MOTHER				
Full name Sabins Tongales	Full malden name Maria Jawrige				
Navino di Taris					
9. Residence	15. Residence (Usual place of abode) Miani , Augona				
9. Residence (Usual place of abode) Muanin Anjona	If non-resident, give place and state.				
If non-resident, give place and state.					
10. Color or race	16. Color or race				
Mexican 11. Age at last birthday 30 (Years)	Musican 17. Age at last birthday & (Years				
11. Age at tast Dittingay (Teats)					
12. Birthplace (city or place)	1S. Birthplace (city or place)				
MALL: CA	(State or country) Mick ico				
(State of country)	(State or country)				
13. Occupation Minur	19. Occupation Moreinage				
Nature of industry Oakher	Nature of industry				
3446					
20. Number of children of this mother (a) Born alive a	nd now living 5 21. Were precautions taken against ophthalmia neonatorum?				
(b) Born alive b	ut now dead O				
certified and including this child.) (c) Stillborn					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was	(Born alive of chillborn)				
/ * Tilles there was no attending physician	Or of miller				
or midwife, then the father, householder,	90				
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).				
IX	Miami Migue				
Given name added from a supplemental report Address					
Month, day, year	une 20, 29 6.6. Speciality				
Registrat Filed	Registrar (				
772-618-415					